Name in Full: William Beckamp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Millsville Del. County: Worcester

Date of death 1904	Month	Day	Years	Months	Days
	Nov	29	Age 45		

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Trucker

Where Residing if not at place of death: at Home

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name: Chilborn Beckamp

Father's Birthplace: Md

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Mary Madson

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever

How long: 4 weeks

Immediate: Nil

How long: 4 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R P Collins

Address: Bethpitch Md

Accident or Suicide?

I Berryan Bishopsville Md

LIBRARY BUREAU A88516

Name in Full: Delia Bell

CERTIFICATE OF DEATH

MARYLAND

Town: Pocomoke city | County: Worcester

Died at

Date of death	Month	Day	Years	Months	Days
1904	Nov	9	Age 64		

Sex: female | Color or Race: colored | Birthplace: Worcester Co Md

Occupation: domestic | Where Residing If not at place of death: near Pocomoke city

Married, Single or Widowed: widow | Name of Wife or Husband: Arthur Bell

Father's Name: Albert Laws | Father's Birthplace: Worcester Co Md

Mother's Maiden Name: Hannah Laws | Mother's Birthplace: " "

Name of person giving Information: Handy Bell | How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Malaria & cold | How long: about a week

Immediate: Pneumonia | How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jane L Lewis

Address: Pocomoke city Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A58816

Name in Full: Frances Blake

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Roanoke city — County: Worcester

Date of death: 1904 — Month: Nov — Day: 3 d — Age: Years — Months: 7 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Roanoke city

Occupation: Infant — Where Residing if not at place of death: Roanoke city

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Lee — Father's Birthplace: Worcester Co

Mother's Maiden Name: Ella Blake — Mother's Birthplace: Accomac Co

Name of person giving Information: Ella Blake — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malarial Fever — How long: a week

Immediate: Congestion of Brain — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml S Turner

Address: Roanoke city Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Margaretha Dorathea Boettcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death: 1904; Month: Nov.; Day: 4th; Age: Years: 80; Months: 10; Days: 10

Sex: Female; Color or Race: White; Birthplace: Germany

Occupation: Housewife; Where Residing if not at place of death: Snow Hill, Md.

Married, Single or Widowed: Widowed; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Wm. Boettcher

How related to deceased: Stepson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long: 2 yrs

Immediate: Senility; How long: 2 yrs.

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Stevenson, M.D.

Address: Snow Hill, Md.

Accident or Suicide? ✓

LIBRARY BUREAU A88016

Name in Full: Robt L. Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berlin — County: Worcester

Date of death: Month: 11 — Day: 22 — 1904

Age: Years: 80 — Months: — — Days: —

Sex: Male — Color or Race: Blk — Birthplace: Md

Occupation: Wheel wright — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Smack

Father's Name: — — Father's Birthplace: Md

Mother's Maiden Name: — — Mother's Birthplace: "

Name of person giving Information: Howell Layton — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 1 yr

Immediate: Gen-debility — How long: 6 mo

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edgar Holland

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Infant X

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Stockton

County: Worcester

Date of death: 1904 Month: Nov Day: 4th

Age: Years — Months — Days: 7

Sex: Male

Color or Race: Dark

Birthplace: Md

Occupation: Infant

Where Residing if not at place of death:

~~Married, Single, Widowed~~

Name of ~~Wife or~~ Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Collins

Father's Birthplace: Md

Mother's Maiden Name: Evelyn Desler

Mother's Birthplace: Md

Name of person giving Information: Ambrose Rowley

How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart failure

How long: 7 Days

Immediate: Heart failure

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Daisy Collins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Good Will — County: Lancaster

Date of death: Month: 11 — Day: 21 — 1904

Age — Years: 3 — Months: 6 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Good Will

Occupation:

Where Residing if not at place of death: " "

Married, Single or Widowed

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Columbus Collins — Father's Birthplace:

Mother's Maiden Name: Sallie Collins — Mother's Birthplace:

Name of person giving Information: Wm. E. Milbourn — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burned — How long: 1 Day

Immediate: Burned — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Kenwood & Smack

Address: Stockton Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Margaret Crowley

CERTIFICATE OF DEATH

MARYLAND

Died at: ~~Removed~~ Town: Silver Run — County: Worcester

Date of death 1904 — Month: Nov — Day: 15 — Age: Years 67 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, ~~Single~~ Widowed — ~~Name of Wife~~ Husband: S. P. Crowley

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Lewis — Father's Birthplace: Md

Mother's Maiden Name: Harriet Lewis — Mother's Birthplace: Md

Name of person giving information: J. W. Crowley — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Failure — How long

Immediate: Heart Failure — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. O. Payne

Address: Justice of the Peace

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Thomas Kinder Dishroon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pocomoke City — County: Worcester

Date of death: Month: Nov. Day: 19 1904 — Age: Years: 73 Months: Days:

Sex: Male — Color or Race: White — Birthplace: Somerset Co Md

Occupation: R.R. Employe — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: Dont Know — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Thos M. Dishroon — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mangled by train wreck — How long: -

Immediate: Shock + Hemorrhage — How long: 15-20 Minutes

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. Lee Hall

Address: Pocomoke City Md.

Accident or Suicide? Accident

LIBRARY BUREAU A66516

Name in Full: Susan Ann Evans

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Buttington Farm — County: Worcester

Date of death: 1904 — Month: Nov — Day: 2 — Age: Years: 70 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Va

Occupation: Housekeeping — Where Residing if not at place of death: Pocomoke City, Md.

Married, Single or Widowed: Widow — Name of Wife or Husband: John Stewart Evans

Father's Name: Do not know — Father's Birthplace: —

Mother's Maiden Name: Do not know — Mother's Birthplace: —

Name of person giving information: Zenobia Evans 92 — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchial Pneumonia — How long: 4 days

Immediate: Cardiac Paralysis — How long: immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. W. Wilson M. D.

Address: Pocomoke City Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Elenor Williams Dryden Ewell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death: 1904 Month: Nov. Day: 16

Age: Years 29 Months 3 Days 28

Sex: Female

Color or Race: White

Birthplace: Somerset Co Md

Occupation: Housewife

Where Residing if not at place of death: at Place of death

Married, Single or Widowed

Name of Wife or Husband: Paul Ewell

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert J Dryden

Father's Birthplace: Somerset Co Md

Mother's Maiden Name: Elizabeth Adams

Mother's Birthplace: Somerset Co Md

Name of person giving Imformation: I T Coster

How related to deceased: Uncle by Marriage

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 4 years & 9 months

Immediate: Suffocation — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Isaac T Coster

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mary E. Fleming.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester Co.,

Date of death: Month: Nov; Day: 4; Year: 1904

Age: Years: 84; Months; Days

Sex: Female

Color or Race: White

Birthplace: Worcester Co.,

Occupation: House-keeper

Where Residing if not at place of death: Pocomoke City, Md.

Married, Single or Widowed: Widow

Name of Wife or Husband: William T. Fleming.

Father's Name: Parker Dickerson

Father's Birthplace: Somerset Worcester Co.,

Mother's Maiden Name: Eliza Miles

Mother's Birthplace: dont know

Name of person giving information: W. Ray Clarke

How related to deceased: great niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthenia

How long: About 1 yrs

Immediate: Collapse

How long: immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. F. Wilson, M.D.

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James Foreman

CERTIFICATE OF DEATH

MARYLAND

Died at: Gaithersburg — Town: — County: Montgomery

Date of death: 1904 — Month: Nov — Day: 14 — Age: Years 75 — Months — Days

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Jink Richardson — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No Dr in attendance

Accident or Suicide?

C. J. Evans & Son undertakers

LIBRARY BUREAU A66316

Name in Full: Violet Hayward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pocomoke — County: Worcester

Date of death: 1904 — Month: Nov — Day: 20 — Years: Age 90 — Months: unknown — Days: 0

Sex: Female — Color or Race: Colored — Birthplace: Worcester Co

Occupation: Was old & to work & had no occupation — Where Residing if not at place of death: near Pocomoke

Married, Single or Widowed: single — Name of Wife or Husband: Husband Dec'd

TO BE ANSWERED BY NEAREST FRIEND

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation: Geo Hayward — How related to deceased

CAUSES OF DEATH

Primary: Old Age — How long

Immediate: " " — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. A. Tuttle

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charles James

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pocomoke City; County: Worcester

Date of death: Month: Nov. Day: 23 1904

Age: Years: 9 Months: Days:

Sex: Male

Color or Race: Negro

Birthplace: Pocomoke City

Occupation: Schoolboy

Where Residing if not at place of death: at Place of death

~~Married~~, Single or ~~Widowed~~

Name of ~~Wife~~ or ~~Husband~~

Father's Name: Levin James

Father's Birthplace: near Pocomoke

Mother's Maiden Name: Cordelia Kitchen

Mother's Birthplace: near "

Name of person giving Information: Levin James

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 3 weeks

Immediate: exaustion from Fever + delirium

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F I Costen

Address: Pocomoke City Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full: Pearl Mervis

CERTIFICATE OF DEATH

MARYLAND

Died in Town: near Pawnoke city County: Worcester Co

Date of death 1904	Month	Day	Years	Months	Days
	Nov	10	Age 18		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: White

Birthplace: Worcester Co

Occupation: domestic

Where Residing if not at place of death: near Pawnoke city

Married, Single or Widowed: Single

Name of Wife or Husband: ——

Father's Name: Frank B Mervis

Father's Birthplace: Worcester Co

Mother's Maiden Name: Margaret Watson

Mother's Birthplace: Accomack Va

Name of person giving Information: S S Linn

How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright Disease

How long: 4 years

Immediate: Uremic Poisoning

How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Sam'l S Linn

Address: Pawnoke City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Effie Mills — Certificate of Death

Died at Town Gudletsu County Worcester MARYLAND

Date 1904 Month Nov. Day 27 | Age Y. M. D. | Native of Md | Occupation —

~~Male~~, Female | ~~White~~, Colored | ~~Married~~, ~~Single~~ | ~~Widow~~, Widower | ~~Divorced~~, ~~Number of children living~~

Husband of —
Wife

Father's Name James Mills — Mother's Maiden Name Bitha Beckett

Cause of Death: Primary Pneumonia — How long sick About 2 weeks

Immediate Exhaustion — Accident, Suicide, Homicide

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Reported by C. H. Bunnum, M.D.

Address Gudletsu Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Edney Darnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Showells — County: Worcester

Date of death	Month	Day	Years	Months	Days
1904	Nov	15	Age	11	

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: At home

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Edward Darnell — Father's Birthplace: Md

Mother's Maiden Name: Mary Showell — Mother's Birthplace: Md

Name of person giving Information: Painter Watson — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spasm of the Oesophagus — How long

Immediate: Starvation — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. P. Collins

Address: Bishopville Md

To Reynolds Bishopville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A86518

Name in Full: Armenia Schoolfield

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Roanoke City — County: Mercer

Date of death 1904 — Month: Nov — Day: 20 — Age: Years: — Months: — Days: 7

Sex: Female — Color or Race: Colored — Birthplace: Roanoke City

Occupation: None — Where Residing if not at place of death: Roanoke City

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: S. D. Schoolfield — Father's Birthplace: Carolina Co

Mother's Maiden Name: Fannie Johnson — Mother's Birthplace: Virginia

Name of person giving information: S. D. Schoolfield — How related to deceased: Father

Roanoke City

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Head Abscess — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician:

Address:

Accident or Suicide?

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LIBRARY BUREAU A66618

Name in Full: Georgiana Howell

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Berlin — County: Worcester

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month 11 — Day 29 — Year 1904 — Age: Years 70 — Months — — Days —

Sex: Female — Color or Race: Blk — Birthplace: Md

Occupation: House keeper — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Harry Howell

Father's Name: — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace: "

Name of person giving Information: Handy Howell — How related to deceased: Son

CAUSES OF DEATH

Primary: Dropsy — How long: 1 year

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Physician: R P Collins M. D.

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name In Full — Certificate of Death

Lettie Zimmers

Died at — Town: Wheatfield — County: Worcester — MARYLAND

Date 1904 — Month: 11 — Day: 25 — Age: Y. 27 M. - D. - — Native of: Md — Occupation: Housewife

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living: 2

Husband of Wife: Ezy H. Zimmers

Father's Name: Ruth Long — Mother's Maiden Name: [illegible]

Cause of Death — Primary: Puerperal Septicemia — How long sick: 3 days

Immediate: Embolism

Accident, Suicide, Homicide

Reported by: Dr. Hale, Lyndall

Address: Wheatfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Leah Todd 7

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death: Month: 11; Day: 17; 1904

Age: Years: 27; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Md.

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed: M

Name of Wife or Husband: Henry Todd

Father's Name: Az Marshall

Father's Birthplace: Md

Mother's Maiden Name: Emily Wales

Mother's Birthplace: Md.

Name of person giving Information: Ernest Lilly

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 27

How long: some months ago

Immediate: Tuberculosis

How long: Several months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H N Wells

Address: Pocomoke City

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Anna Elizabeth Vincent-

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Whaleyville — County: Worcester

Date of death: 1904 — Month: 11 — Day: 28 — Age: Years: 77 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Delaware

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband: Geo Vincent.

Father's Name: — Father's Birthplace: Del

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Mrs Ella Whaley — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Debility — 54 — How long: 3 Months

Immediate: Heart-failure — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Dale Tyndall

Address: Whaleyville Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: Mollie Hard.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City — County: Worcester

Date of death: Month: Nov — Day: 22 — 1904

Age: Years: 23 — Months: 10 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: "

Married, Single or Widowed: married — Name of ~~Wife or~~ Husband: Samuel S. Hard

Father's Name: Wm Brittingham — Father's Birthplace: Md

Mother's Maiden Name: Jennie Brittingham — Mother's Birthplace: Md

Name of person giving information: Elsie Hall — How related to deceased: Brotherinlaw

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Florida — How long: 6 months

Immediate: Exhaustion — How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. W. Wilson

Address: Pocomoke City, Md.

Accident or Suicide?

LIBRARY BUREAU A6861G